

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09863

1. Entity Name

MONAHAN ENGINEERING, LTD., INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90255 005 \*\*\*150.00

Principal Place of Business

Mailing Address

W GRANADA BLVD. STE D3  
BEACH FL 32174

555 W GRANADA BLVD. STE D3  
ORMOND BEACH FL 32174-5100

2. Principal Place of Business

22 Sovereign Lane

Suite, Apt. #, etc.

3. Mailing Address

22 Sovereign Lane

Suite, Apt. #, etc.

City & State

Ormond Beach, Florida

City & State

Ormond Beach, Florida

Zip  
32176

Country  
USA

Zip  
32176

Country  
USA

4. FEI Number

59-2665349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

22 Sovereign Lane

City

Same

FL

Zip Code  
32176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MONAHAN, JAMES J.	
STREET ADDRESS	555 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN, MOLLY	
STREET ADDRESS	22 SOVEREIGN LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONAHAN, ROSE C	
STREET ADDRESS	22 SOVEREIGN LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN, MICHAEL C	
STREET ADDRESS	22 SOVEREIGN LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN, ANN T	
STREET ADDRESS	22 SOVEREIGN LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick F. Monahan	
STREET ADDRESS	22 Sovereign Lane	
CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monahan, James J.	
STREET ADDRESS	22 Sovereign Lane	
CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

James J. Monahan,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/8/2000

Date

904/441-5457

Daytime Phone #

CR2E034 (9/99)